

# Benefits Open Enrollment Form 2009



Employee Number \_\_\_\_\_ Effective Date September 1, 2009

Last Name		First Name		MI	Social Security No.	
Date of Birth (Mo/Day/Yr)			Gender (M)ale (F)emale		Home Number ( )	
Home Address (Street)				(City)	(State)	(Zip)

**Group Health Insurance** (Please mark your selections)

<u>Base Plan</u> <input type="checkbox"/>	<u>High Plan</u> <input type="checkbox"/>	<u>In-Hospital Indemnity</u> <input type="checkbox"/>
Employee Only -0- <input type="checkbox"/>	Employee Only 583.60 <input type="checkbox"/>	Employee Only -0- <input type="checkbox"/>
Employee/Child/ren 156.10 <input type="checkbox"/>	Employee/Child/ren 1008.95 <input type="checkbox"/>	N/A
Employee/Spouse 226.06 <input type="checkbox"/>	Employee/Spouse 1199.57 <input type="checkbox"/>	N/A
Employee/Family 368.54 <input type="checkbox"/>	Employee/Family 1587.81 <input type="checkbox"/>	N/A

Name	Date of Birth	Relationship To Employee	Social Security Number	Add/Delete

Add/Delete Dependent/s:

**Group Term Life/AD&D Insurance**- The District provides \$12,000 group term life insurance plus \$12,000 AD&D for each eligible employee at no cost to the employee through Fort Dearborn Life Insurance Company.

Term Life Beneficiary Designation:

First Name	Last Name	Date of Birth	Relationship	Social Security #	Benefit %
Primary					
Primary					
Contingent					

**Supplemental Insurance Plans** (Please mark your selections)

**Dental Insurance**- Two separate dental plan options are offered through CompBenefits (1) a DHMO plan where you choose a dentist from a list of providers and provide the facility number to enroll (2) A dental PPO plan where you may use any dentist you choose. This plan also has the ability to select a PPO network dentist to receive even greater discounts.

<u>PPO Plan</u> <input type="checkbox"/>	<u>DHMO</u> <input type="checkbox"/>	<u>Facility Number</u> _____
Employee Only 24.96 <input type="checkbox"/>	Employee Only 14.22 <input type="checkbox"/>	
Employee/Child/ren 59.50 <input type="checkbox"/>	Employee/Child/ren 36.44 <input type="checkbox"/>	
Employee/Spouse 42.74 <input type="checkbox"/>	Employee/Spouse 28.46 <input type="checkbox"/>	
Employee/Family 83.72 <input type="checkbox"/>	Employee/Family 40.02 <input type="checkbox"/>	

Add/Delete Dependent/s:

Name	Date of Birth	Relationship	Provider # (DHMO only)

**Vision Care Insurance**-This is a voluntary pre-paid eye care program through CompBenefits that provides benefits for eye exams, corrective lenses, and frames with some limited benefits for contact lenses and Lasik procedures.

Employee Only 7.52 <input type="checkbox"/>	
Employee/Child/ren 14.32 <input type="checkbox"/>	
Employee/Spouse 15.06 <input type="checkbox"/>	
Employee/Family 25.28 <input type="checkbox"/>	

Add/Delete Dependent/s:

Name	Date of Birth	Relationship

**Legal Club of America**-For \$14.00 per month, access to attorneys for legal assistance on court matters, wills, contracts, civil disputes, etc. as well as Identify Theft monitoring and assistance.

**125 Cafeteria (Flexible Benefit) Plan**

Employees have the opportunity to participate in the District's 125 "Cafeteria" Plan which allows payroll deducted premium payments for most employee-paid insurance programs to be paid with pre-tax dollars. All eligible deductions will automatically be tax-sheltered unless you sign a Declination form in the Benefits Office. This plan also allows employees to set aside a tax-free monthly amount in an account to pay medical expenses and an account to pay for dependent and/or elder daycare expenses. Carefully determine expected medical or dependent care cost for the year. **Money in flex accounts not used up during the plan year will be permanently forfeited.** The District's 125 Cafeteria plan year is September 1 through August 31.

**EMPLOYEES MUST RE-ENROLL IN FLEX REIMBURSEMENT ACCOUNTS EACH YEAR.**

Benefit	Maximum Allowed	Plan Year Amount	Monthly Amount (ex. \$5000 / 12 mo = \$416.66)
Medical Spending Account	\$5,000	\$ _____	\$ _____
Dependent/Elder Daycare Account	\$5,000	\$ _____	\$ _____

**TRS Long-Term Care Insurance**-Nursing home care insurance is available to employees through TRS/Genworth. This insurance may be purchased through payroll deduction for the employee, spouse, and/or employee's parents. The cost of coverage is based on age bands. Employees may request an enrollment packet GENWORTH will notify the District of the amount to be payroll deducted.

**Tax Sheltered Annuity Program**-Under this District sponsored program, employees may reduce their current income tax payments and provide for additional cash accumulation or retirement income at the same time by entering into a Salary Reduction Agreement with the District whereby a certain amount of the employee's income is redirected into a tax sheltered annuity program. The income tax aspects of this program are governed by Section 403(b) of the Internal Revenue Code (IRC). Annuity enrollments or changes can be processed in any month of the year. You must contact National Plan Administrators if you wish to participate. Their contact information is available on the Risk Management Department's website.

**Supplemental Insurance Plans - Additional forms required to complete enrollment for the following plans (Please mark your selections.)**

**Medi-Gap Insurance** is a low-cost program designed to help you pay (claim reimbursement) for covered out-of-pocket expenses you may incur while you are confined in a hospital or while being treated as an out-patient. Benefits eligible under the group health insurance plan (including a spouse's plan) are the only claims eligible for reimbursement under this plan.

High Plan Option 1 (\$1,000 In-Patient / \$500 Out-Patient)

Under age 45:

Employee Only	20.14	<input type="checkbox"/>
Employee & Spouse	36.25	<input type="checkbox"/>
Employee & Child/ren	49.65	<input type="checkbox"/>
Employee & Family	65.75	<input type="checkbox"/>

Age 45 & Over:

Employee Only	40.01	<input type="checkbox"/>
Employee & Spouse	71.95	<input type="checkbox"/>
Employee & Child/ren	72.80	<input type="checkbox"/>
Employee & Family	104.81	<input type="checkbox"/>

Low Plan Option 2 (\$500 In-Patient / \$200 Out-Patient)

Under age 45:

Employee Only	10.27	<input type="checkbox"/>
Employee & Spouse	18.47	<input type="checkbox"/>
Employee & Child/ren	26.71	<input type="checkbox"/>
Employee & Family	34.91	<input type="checkbox"/>

Age 45 & Over:

Employee Only	20.16	<input type="checkbox"/>
Employee & Spouse	36.27	<input type="checkbox"/>
Employee & Child/ren	38.45	<input type="checkbox"/>
Employee & Family	54.34	<input type="checkbox"/>

Add/Delete Dependents:

Name	Date of Birth	Relationship

**Optional Group Term Life/AD&D Insurance**-Employees may purchase coverage in increments of \$5,000 not to exceed 2 times their yearly salary or \$500,000 (whichever is lower). Rates for optional term life/AD&D coverage are based on age bands. See benefit staff or benefits website for enrollment form and evidence of insurability for amounts over \$50,000. Coverage for this benefit is available to the employee only, dependents are not eligible.

\$ \_\_\_\_\_ List the employee only coverage amount

**Voluntary Accident Insurance**-Employees may select amounts of coverage from \$25,000 to \$300,000 in increments of \$10,000. Amounts in excess of \$150,000 are limited to 10 times yearly salary. Employees may also purchase voluntary accident insurance for spouses (100% of employee coverage amount) and children (10% of employee coverage amount). Verification of eligibility will be conducted at time of claim.

\$ _____ List the employee coverage amount	Employee Only	<input type="checkbox"/>	(\$.02 per \$1,000 in coverage)
	Employee & Spouse	<input type="checkbox"/>	(\$.025 per \$1,000 in coverage)
	Employee & Child/ren	<input type="checkbox"/>	(\$.028 per \$1,000 in coverage)
	Employee & Family	<input type="checkbox"/>	(\$.032 per \$1,000 in coverage)

**Disability (Income Protection) Insurance**-This is a voluntary program offered through Assurant Employee Benefits and is intended to provide income protection in the event of long term and/or short term disability. If you elect or apply for long-term disability coverage, you may select from the following elimination period options: Check the information packet to view the premiums. See application forms and information packet.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| [1] 0 days for injury, 3 days for sickness   | <input type="checkbox"/> | [3] 30 days for injury, 30 days for sickness | <input type="checkbox"/> |
| [2] 14 days for injury, 14 days for sickness | <input type="checkbox"/> | [4] 60 days for injury, 60 days for sickness | <input type="checkbox"/> |

**Cancer/Specified Disease Insurance**-This is a voluntary program offered through Allstate Financial and is intended to supplement regular health insurance coverage. It provides benefits for the un-insured expenses associated with cancer treatment. See application forms and information packet.

<b>Base Plan</b> <input type="checkbox"/>	<b>Base Plan with \$300 ICU Rider</b> <input type="checkbox"/>	<b>Base Plan with \$600 ICU Rider</b> <input type="checkbox"/>
Employee Only 18.96 <input type="checkbox"/>	Employee Only 21.96 <input type="checkbox"/>	Employee Only 24.95 <input type="checkbox"/>
Family 32.62 <input type="checkbox"/>	Family 38.61 <input type="checkbox"/>	Family 44.61 <input type="checkbox"/>

**Sick Leave Bank (SLB)/Extended Local Sick Leave (A separate Sick Leave Bank enrollment form must also be completed.)**

This is a local program available to all full-time employees on a voluntary basis. The purpose of the Sick Leave Bank is to provide sick leave to contributors of the Bank in the event of extended illness, surgery, or temporary disability. To join, employees will contribute three (3) days of accrued or anticipated local sick leave. The enrollment period for new employees is July 1 through September 30. Employees hired after the enrollment period who will be able to earn at least three days of local sick leave during the current school year will be given an opportunity to join or NOT join the Bank. **If you are a current SLB member, you don't need to re-enroll.**

**My signature below certifies my election of benefits for the 09-10 year and cannot be changed without a qualifying event under Internal Revenue Code (IRC) Section 125 after May 31, 2009 or after 30 days of an original new hire date.**

Date

Signature